Recipient Committee

Type or print in ink

Statement Type ☐ Initial Not yet qualified ☐ or ___/___/___ Date qualified as committee

☐ Amendment List I.D. number: # _____ ___/___/___ Date qualified as committee (if applicable)

☒ Termination – See Part 5 List I.D. number: # 1366663 12, 24, 2014 Date of Termination

Date Stamp: City Clerk's Office DEC 26 2014 RECEIVED

CALIFORNIA FORM 410 For Official Use Only

1. Committee Information

NAME OF COMMITTEE: Means for Council 2014

STREET ADDRESS (NO P.O. BOX): 1421 Yellowstone Av

CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408-262-8975

MAILING ADDRESS (IF DIFFERENT):

OPTIONAL: FAX / E-MAIL ADDRESS:

COUNTY OF DOMICILE: Santa Clara

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Carol Klein

STREET ADDRESS: 1421 Yellowstone Av

CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408-262-8975

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS:

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE: Robert S. Means

MAILING ADDRESS: 1421 Yellowstone Av.

CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408-262-8975

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 22 Dec. 2014 (DATE) By Carol J. Klein (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 22 Dec 2014 (DATE) By Robert S. Means (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Means for Council 2014

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE

Small Contributor Committee ☐ ____/____/____ Date qualified Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.